

L15000008971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

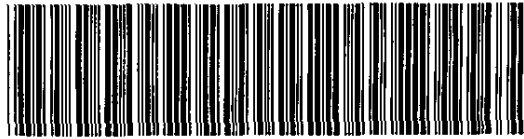
(Document Number)

Certified Copies _____

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04/10/15--01006--013 **25.00

15 APR 10 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
4-24-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EROTIC DESIRES LLC.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVAN GARCIA

(Name of Person)

EROTIC DESIRES LLC.

(Firm/Company)

P.O. BOX 392

(Address)

MULBERRY, FLORIDA 33860

(City/State and Zip Code)

For further information concerning this matter, please call:

IVAN GARCIA

(Name of Person)

at (717) 433-6528

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 10 PM 2:35

1. The name of a limited liability company is

EROTIC DESIRES LLC.

2. The Articles of Organization were filed on JANUARY 5, 2015 and assigned

document number L15000008971

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

unable to SECURE CAPITAL and FINANCING FOR
the business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

IVAN GARCIA

PO Box 392

Mulberry, FL. 33860

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Ivan Garcia
Signature

IVAN GARCIA
Printed Name

FILING FEE: \$25.00